

Please type a plus sign (+) inside this box →

PTO/SB/123 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CHANGE OF CORRESPONDENCE ADDRESS Patent		Patent Number	6,942,143
		Issue Date	September 13, 2005
		Application Number	10/726,339
Address to: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450		Filing Date	December 3, 2003
		First Named Inventor	TAKAHITO, Iida

<p>Please change the Correspondence Address for the above-identified patent to:</p> <p><input checked="" type="checkbox"/> Customer Number 49443 → Place Customer Number Bar Code Label here</p> <p><i>Type Customer Number here</i></p>																											
<p><i>OR</i></p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> Firm or Individual Name</td> <td colspan="3">Pearl Cohen Zedek Latzer, LLP</td> </tr> <tr> <td>Address</td> <td colspan="3">1500 Broadway</td> </tr> <tr> <td>Address</td> <td colspan="3">12th Floor</td> </tr> <tr> <td>City</td> <td>New York</td> <td>State</td> <td>New York</td> </tr> <tr> <td>Country</td> <td colspan="3">U.S.A.</td> </tr> <tr> <td>Telephone</td> <td>(646) 878-0800</td> <td>Fax</td> <td>(646) 878-0801</td> </tr> </table>				<input checked="" type="checkbox"/> Firm or Individual Name	Pearl Cohen Zedek Latzer, LLP			Address	1500 Broadway			Address	12th Floor			City	New York	State	New York	Country	U.S.A.			Telephone	(646) 878-0800	Fax	(646) 878-0801
<input checked="" type="checkbox"/> Firm or Individual Name	Pearl Cohen Zedek Latzer, LLP																										
Address	1500 Broadway																										
Address	12th Floor																										
City	New York	State	New York																								
Country	U.S.A.																										
Telephone	(646) 878-0800	Fax	(646) 878-0801																								

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the :

- Patentee.
- Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record.

Typed or Printed Name	Masahiro OTSUKA	Title	Director, Legal Affairs Division, Dentsu Inc.
Signature			
Date	July 4, 2008		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			
<p><input checked="" type="checkbox"/> *Total of 1 forms are submitted</p>			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES and Completed Forms to the following address: Assistant Commissioner for Patents, Washington, DC 20231.